Subject: Studies in the News: (August 15, 2007)

Studies in the News for

California Department of Mental Health

Introduction to Studies in the News

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The following are the Subject Headings included in this issue:

Mental Health Issues and Post-Katrina New Orleans
Stigma
Suicide Prevention
Trauma/Posttraumatic Stress Disorder

The following studies are currently on hand:

CHILD AND ADOLESCENT MENTAL HEALTH

"Applying a Theory of Change Approach to Interagency Planning in Child Mental Health." By Mario Hernandez and Sharon Hodges, University of South Florida. IN: American Journal of Community Psychology, vol. 38, no. 3-4 (December 2006) pp. 165-173.

["This paper describes the use of a theory of change approach to community-based cross-agency service planning for children with serious emotional disturbance and their families. Public agency planners in Contra Costa County, California used the theory of change approach to organize service planning for a population of youth who had been arrested and involved with juvenile probation. The theory of change process described in this paper links community outcomes with planned activities with the assumptions or principles that underlie the community planning efforts.

When complete, a theory of change logic model can serve as a guide for implementation, ensuring that community plans for service delivery remain true to their intent. The theory of change development process includes twelve stages and is based on a step-by-step approach. Theory of change logic models establish a context for articulating a community's shared beliefs and prompt local stakeholders to establish logical connections between the population to be served, expected results, and strategies intended to achieve those results."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=23302230&site=ehost-live

[Request #S07-103-728]

"Interventions for Depression Symptoms among Adolescent Survivors of War and Displacement in Northern Uganda: A Randomized Controlled Trial." By Paul Bolton, Johns Hopkins Bloomberg School of Public Health, and others. IN: Journal of the American Medical Association, vol. 298, no. 5 (August 1, 2007) pp. 519-527.

["Objective of this paper is to assess effect of locally feasible interventions on depression, anxiety, and conduct problem symptoms among adolescent survivors of war and displacement in northern Uganda. A randomized controlled trial from May 2005 through December 2005 (was used) of 314 adolescents (aged 14-17 years) in 2 camps for internally displaced persons in northern Uganda.

Main Outcome Measures Primary measure was a decrease in score (denoting improvement) on a depression symptom scale. Secondary measures were improvements in scores on anxiety, conduct problem symptoms, and function scales. Depression, anxiety, and conduct problems were assessed using the Acholi Psychosocial Assessment Instrument with a minimum score of 32 as the lower limit for clinically significant symptoms (maximum scale score, 105).

Results showed a difference in change in adjusted mean score for depression symptoms between group interpersonal psychotherapy and control groups was 9.79 points (95% confidence interval. Girls receiving group interpersonal psychotherapy showed substantial and significant improvement in depression symptoms compared with controls. Improvement among boys was not statistically significant. Creative play showed no effect on depression severity. There were no statistically different improvements in anxiety in either intervention group. Neither intervention improved conduct problem or function scores.

Both interventions were locally feasible. Group interpersonal psychotherapy was effective for depression symptoms among adolescent girls affected by war and displacement. Other interventions should be investigated to assist adolescent boys in this population who have symptoms of depression." **NOTE: Journal available for loan.]**

Full text at: http://jama.ama-assn.org/cgi/reprint/298/5/519

[Request #S07-103-729]

CULTURAL COMPETENCY

A Guide for Advancing Family-Centered and Culturally and Linguistically Competent Care. By Tawara D. Goode and Wendy Jones, National Center for Cultural Competence. (The Center, Washington, DC) 2007. 23 p.

["The movements to advance family-centered care and cultural and linguistic competence have often evolved along parallel tracks. This fact is well documented in the early definitions of family-centered care in the literature. Although these definitions reference 'honoring cultures, cultural diversity, and family traditions,' little emphasis was placed on policies and structures necessary to translate this philosophy into family-centered practice. A pervading perception within the movement was that if an organization was family-centered, then by default it must be culturally competent. Moreover, much of this literature did not tend to draw upon and integrate the rich body of knowledge related to cultural and linguistic competence….

Family-centered care and cultural and linguistic competence are essential approaches to address the multiple strengths, needs, and preferences of this nation's families who have children and youth with special health care needs. The Maternal and Child Health Care Bureau (MCHB) convened a meeting to explore ways in which family-centered care and cultural and linguistic competence could be integrated in a more effective manner to

support and sustain a community-based system of services that are comprehensive, coordinated, and accessible and that provide the highest quality of care. The meeting brought together a care of 18 individuals representing a wide variety of organizations vested in providing services and supports that are family-centered and culturally and linguistically competent."]

Full text at:
http://www11.georgetown.edu/research/gucchd/nccc/documents/fcclcguide.pdf

[Request #S07-103-730]

"A Longitudinal Study of the Use of Mental Health Services by Persons with Serious Mental Illness: Do Spanish-Speaking Latinos Differ from English-Speaking Latinos and Caucasians?" By David P. Folsom, University of California, San Diego, and others. IN: American Journal of Psychiatry, vol. 164 (August 2007) pp. 1173-1180.

["Reports of mental health care use by Latinos compared to Caucasians have been mixed. To the authors' knowledge, no large-scale studies have examined the effects of language on mental health service use for Latinos who prefer Spanish compared to Latinos who prefer English and to Caucasians. Language is the most frequently used proxy measure of acculturation. The authors used the administrative database of a mental health system to conduct a longitudinal examination of mental health service use among Spanish-speaking versus English-speaking Latinos and Caucasians with serious mental illness.

There were 539 Spanish-speaking Latinos, 1,144 English-speaking Latinos, and 4,638 Caucasians initiating treatment for schizophrenia, bipolar disorder, or major depression during 2001–2004. Using multivariate regressions, the authors examined the differences among the groups in the type of service first used. The authors also examined the probability of use of each of four types of mental health services and the intensity of outpatient treatment.

The Spanish-speaking Latinos differed from both English-speaking Latinos and Caucasians on most measures. Compared to patients in the other groups, the Spanish-speaking Latinos were less likely to enter care through emergency or jail services and more likely to enter care through outpatient services. There were no group differences in the proportion that stayed in treatment or used inpatient hospitalization. This study suggests that for Latinos, preferred language may be more important than ethnicity in mental health service use. Future studies comparing mental health use may need to differentiate between Spanish- and English-speaking Latinos."]

Full text at: http://ajp.psychiatryonline.org/cgi/reprint/164/8/1173

[Request #S07-103-731]

DISPARITIES

Reducing Disparities Beginning in Early Childhood. By Project THRIVE. Short Take No. 4. (The National Center for Children in Poverty, New York, New York) 7 p.

["Research shows that many disparities in health and well-being are rooted in early childhood. These disparities reflect gaps in access to services, unequal treatment, adverse congenital health conditions, and exposures in the early years linked to elevated community and family risks. Early health risks and conditions can have long-range implications for physical, emotional, and intellectual development as well as health. Their contribution to disparities in health status, disabilities, and educational achievement is well documented. But many risks can be addressed in the early years, starting with quality prenatal care and intervention in the earliest stages of life. Thus, literally, reducing disparities begins with babies."]

Full text at: http://www.nccp.org/publications/pdf/text_744.pdf

[Request #S07-103-732]

EVIDENCE-BASED PRACTICES

The Road Ahead: Research Partnerships to Transform Services: A Report by the National Advisory Mental Health Council's Workgroup on Services and Clinical Epidemiology Research. By The National Institute of Mental Health. (The Institute, Bethesda, Maryland) May 12, 2006. 50 p.

["On the road to transforming mental health services, some of the route has already been charted. Research advances and community-level adaptations in recent decades have produced new ways to diagnose and treat mental illness and also have helped to reduce the stigma associated with it. Scientific and clinical advances, along with the efforts of persons living with mental illness, their family members, friends, mental health providers, and advocates have increased public understanding of mental illnesses as treatable medical conditions rather than moral failings or willful choices. However, much of this road to transform mental heath services has yet to be traveled. Until there are cures or preventive interventions, persons living with mental illness need treatments that will help maximize recovery.

Too little is known about which treatments will help whom and how to implement and sustain effective interventions. Thus, persons living with mental illness are faced with making treatment decisions absent an adequate evidence base, as are clinicians and payers. Furthermore, there is a large gap between what is known about effective treatment and what is practiced, which is one of the reasons that the President's New Freedom Commission on Mental Health report in 2003 called for a transformation of mental health service systems across America.

A central goal of this transformation is crafting a fair and high quality system of mental health care, allowing the millions of Americans living with mental disorders access to timely, affordable, and effective mental health services. Currently, too many people cannot obtain, for themselves or someone close to them, appropriate treatment for mental illness. The mission of the National Institute of Mental Health (NIMH) is to reduce the burden of mental illness and behavioral disorders through research on mind, brain, and behavior. And it is through NIMH's research that this report strives to foster evidence-based interventions that are financially feasible, effective, available, and acceptable to persons living with mental disorders from diverse populations. Such innovative translations from science to service can be achieved through several steps.

Full text at: http://www.nimh.nih.gov/council/TheRoadAhead.pdf

[Request #S07-103-734]

FAMILIES AND MENTAL HEALTH

Family Driven Care: Are We There Yet? A Road Map for System Transformation for Family Members, Educators, and Mental Health Professionals. By Albert J. Duchnowski and Krista Kutash, Louis de la Parte, Florida Mental Health Institute, University of South Florida. (The Institute, Tampa, Florida) May 2007. 50 p.

["This report is offered as a guide to assist in Florida's continuing process of transforming the systems of care and support for families that have children with emotional and behavioral challenges into effective systems that are family-driven. It is targeted to family members and middle level administrators in the education and mental health systems. In the education system, these would include building principals, and administrators of special education and pupil services programs. On the mental health side, the guide should assist children's mental health program directors in community mental health centers and other public sector provider agencies.

There are two major aims of this report. The first is to acquaint readers with the concept of family-driven care for children who have emotional and behavioral disturbances. Second, we will present information about evidence-based practices that are effective interventions to help the children and their families. With this information, families, educators and mental health service providers will be in a better position to plan effective interventions for the children in their care. The report contains several sections that focus on a specific topic but there is a continuing theme that is present in each section: families, educators, and mental health service providers need to collaborate together to bring about the best possible outcomes for the children they all care about."]

Full text at: http://cfs.fmhi.usf.edu/resources/publications/fam_driven_care.pdf

[Request #S07-103-735]

FOSTER CARE AND THE CHILD WELFARE SYSTEM

"Mental Health and Behavioral Problems of Youth in the Child Welfare System: Residential Treatment Centers Compared to Therapeutic Foster Care in the Odyssey Project Population." By Amy J. L. Baker, Center for Child Welfare Research, and others. IN: Child Welfare, vol. 86, no. 3 (May/June 2007) pp. 97-123.

["This is the first multisite, prospective study of behavioral and mental health disorders of Youth in residential treatment centers (RTC) and therapeutic foster care (TFC), and the first study to compare the two. This study addressed two questions in a sample of 22 agencies in 13 states: (1) how prevalent were emotional and behavioral disorders in the youth admitted to RTCs and TFC?, and (2) were the youth in RTCs significantly more likely to be disturbed than youth served in the TFCs? Data were drawn from the Time 1 phase of the longitudinal national 'Odyssey Project' developed by the Child Welfare League of America (1995). Measures included an extensive child and family characteristics form (CFC) and the Child Behavior Checklist (CBCL). The results revealed extremely high levels of behavioral and mental health disorders in the sample as a whole, well above the norms for a non-child welfare population. The prevalence of disorder in the RTC population was substantially greater than in the TFC population." **Note**: **This Journal is available for loan.**]

[Request #S07-103-736]

MENTAL HEALTH ISSUES AND POST-KATRINA NEW ORLEANS

Giving Voice to the People of New Orleans: The Kaiser Post-Katrina Baseline Survey. By The Henry J. Kaiser Family Foundation. (The Foundation, Menlo Park, California) May 2007. 101 p.

["One year after Hurricane Katrina and the devastating levee breaches that followed in its wake, the Kaiser Family Foundation sent a team to the New Orleans area to conduct a comprehensive in-person survey. The aim of the project: to offer residents and the reconstruction effort a window into the changing shape and changing needs of the area's population, and to give people a channel to express their views of the rebuilding process as it moves forward.

Another critical purpose of this and all of Kaiser's work in New Orleans is to help keep the facts about the challenges still present in the city and the surrounding region before the nation. In deference to the particular challenges posed by surveying an area whose geography and population have shifted so massively, the survey was conducted the old-fashioned way – house to house, and face to face among 1,504 randomly selected adults living in Orleans, Jefferson, Plaquemines and St. Bernard parishes. This baseline survey is the first of three similar surveys the Foundation plans to conduct in the New Orleans area at approximately 18-month intervals."]

Full text at: http://www.kff.org/kaiserpolls/upload/7631.pdf

[Request #S07-103-737]

STIGMA

Crying Shame. By the Priory Group. (The Group, Leatherhead, Surrey) 27 p.

[“Mental illness is still shrouded in stigma, fear and ignorance. This new report from the Priory Group reveals that a shocking 72% of adults in Great Britain believe that there is a stigma associated with having a mental illness and describe people with mental illness as unpredictable (79%), dangerous (50%) and scary (49%). Less than half (45%) of the adult population think that people with long-term mental illnesses are able to lead independent, fulfilled lives….

Most damningly, 77% of adults state that the media does not do a good job in educating people about mental illness and 76% say that the media does not do a good job in de-stigmatising mental illness….

Psychiatric patients are scared, and scarred, by their diagnoses. They are usually terrified at their initial consultation and feel that they are blamed for their illness in a way that other patients… are not.

The aim of this new report is to raise widespread awareness of the shocking stigma that still surrounds mental illness, particularly the ways in which it adversely affects treatment outcomes and employment options. The role of the media in perpetrating stigma is also examined.”]

Full text at: http://www.prioryhealthcare.com/webfiles/news/crying%20shame.pdf

[Request #S07-103-738]

SUICIDE PREVENTION

“Evaluating the SOS Suicide Prevention Program: A Replication and Extension.” By Robert Aseltine, Jr., University of Connecticut, and others. IN: BMC Public Health, vol. 7, no. 161 (July 18, 2007) pp. 1-11.

[“Suicide is a leading cause of death for children and youth in the United States. Although school based programs have been the principal vehicle for youth suicide prevention efforts for over two decades, few have been systematically evaluated. This study examined the effectiveness of the *Signs of Suicide* (*SOS*) prevention program in reducing suicidal behavior.
Method: 4133 students in 9 high schools in Columbus, Georgia, western Massachusetts, and Hartford, Connecticut were randomly assigned to intervention and control groups

during the 2001–02 and 2002–03 school years. Self-administered questionnaires were completed by students in both groups approximately 3 months after program implementation.

Results: Significantly lower rates of suicide attempts and greater knowledge and more adaptive attitudes about depression and suicide were observed among students in the intervention group. Students' race/ethnicity, grade, and gender did not alter the impact of the intervention on any of the outcomes assessed in this analysis.

Conclusion: This study has confirmed preliminary analysis of Year 1 data with a larger and more racially and socio-economically diverse sample. *SOS* continues to be the only universal school-based suicide prevention program to demonstrate significant effects of self-reported suicide attempts in a study utilizing a randomized experimental design. Moreover, the beneficial effects of *SOS* were observed among high school-aged youth from diverse racial/ethnic backgrounds, highlighting the program's utility as a universal prevention program."]

Full text at:
http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=17640366

[Request #S07-103-739]

"The Relationship between Self-Injurious Behavior and Suicide in a Young Adult Population." By Janis Whitlock, Cornell University, and Kerry L. Knox, Rochester University. IN: Archives of Pediatric and Adolescent Medicine, vol. 161, no. 7 (July 2007) pp. 634-640.

["Objective**:** To test the hypothesis that self-injurious behavior (SIB) signals an attempt to cope with psychological distress that may co-occur or lead to suicidal behaviors in individuals experiencing more duress than they can effectively mitigate.

Design: Analysis of a cross-sectional data set of college-age students in two universities in the northeastern United States in the spring of 2005.

Participants**:** A random sample of 8300 students was invited to participate in a Web-based survey; 3069 (37.0%) responded. Cases in which a majority of the responses were missing or in which SIB or suicide status was indeterminable were omitted, resulting in 2875 usable cases.

Main Outcome Measures: Main outcome was suicidality; adjusted odds ratios (AORs) for suicidality by SIB status when demographic characteristics, history of trauma, distress, informal help-seeking, and attraction to life are considered.

Results: One quarter of the sample reported SIB, suicidality, or both; 40.3% of those reporting SIB also report suicidality. Self-injurious behavior status was predictive of suicidality when controlling for demographic variables (AOR, 6.2; 95% confidence interval [CI], 4.9-7.8). Addition of trauma and distress variables attenuated this relationship (AOR, 3.7; 95% CI, 2.7-4.9). Compared with respondents reporting only suicidality, those also reporting SIB were more likely to report suicide ideation (AOR, 2.8; 95% CI, 2.0-3.8), plan (AOR, 5.6; 95% CI, 3.9-7.9), gesture (AOR, 7.3; 95% CI, 3.4-15.8), and attempt (AOR, 9.6; 95% CI, 5.4-17.1). Lifetime SIB frequency exhibits a curvilinear relationship to suicidality.

Conclusions: Since it is well established that SIB is not a suicidal gesture, many clinicians assume that suicide assessment is unnecessary. Our findings suggest that the presence of SIB should trigger suicide assessment."]

Full text at: http://archpedi.ama-assn.org/cgi/content/full/161/7/634

[Request #S07-103-740]

TRAUMA/PTSD

"Association of Trauma and PTSD Symptoms with Openness to Reconciliation and Feelings of Revenge among Former Ugandan and Congolese Child Soldiers." By Christopher Pierre Bayer, University Clinic Hamburg, Germany, and others. IN: Journal of American Medical Association, vol. 298, no. 5 (August 1, 2007) pp. 555-559.

["Tens of thousands of the estimated 250 000 child soldiers worldwide are abused or have been abused during the last decade in Africa's Great Lakes Region. In the process of rebuilding the war-torn societies, it is important to understand how psychological trauma may shape the former child soldiers' ability to reconcile.

The objective of this study was to investigate the association of posttraumatic stress disorder (PTSD) symptoms and openness to reconciliation and feelings of revenge in former Ugandan and Congolese child soldiers. A cross-sectional field study of 169 former child soldiers (aged 11-18 years) in rehabilitation centers in Uganda and the Democratic Republic of the Congo was conducted in 2005.

Children participating in this study were a mean of 15.3 years old. These former child soldiers reported that they had been (violently) recruited by armed forces at a young age (mean [SD], 12.1 [2] years), had served a mean of 38 months, and had been demobilized a mean of 2.3 months before data collection. The children were exposed to a high level of potentially traumatic events. The most commonly reported traumatic experiences were having witnessed shooting (92.9%), having witnessed someone wounded (89.9%), and having been seriously beaten (84%). A total of 54.4% reported having killed someone, and 27.8% reported that they were forced to engage in sexual contact. Of the 169 interviewed, 59 (34.9%) had a PTSD symptom score higher than 35. Children who

showed more PTSD symptoms had significantly less openness to reconciliation and more feelings of revenge.

PTSD symptoms are associated with less openness to reconciliation and more feelings of revenge among former Ugandan and Congolese child soldiers. The effect of psychological trauma should be considered when these children are rehabilitated and reintegrated into civilian society." **NOTE**: **Journal available for loan.**]

[Request #S07-103-741]

Literature Review: Developmental Problems of Maltreated Children and Early Intervention Options for Maltreated Children. By Crystal Wiggins and others, Zero to Three. Submitted to Office of the Planning and Evaluation, U.S. Department of Health and Human Services. (University of North Carolina, Chapel Hill, North Carolina) April 23, 2007. 45 p.

["Maltreated children younger than age 3 constitute a vulnerable group in America. Experts have argued that young children are particularly susceptible to the trauma of maltreatment because they rely on others for their basic survival and do not have the capabilities to flee, report, or protect themselves from abuse and neglect. Statistics indicate that 79% of all abuse-related fatalities occur when children are the age of 48 months or younger (National Clearinghouse on Child Abuse and Neglect Information, 2005). Additionally, although the rate of substantiated child abuse and neglect for children ages 18 and younger has slightly decreased from 1990 to 2003, the rate of victimization of children younger than age 3 continues to be of concern. In 2003, the national rate of substantiated maltreatment for children younger than age 3 was 16.4 per 1,000 (National Clearinghouse on Child Abuse and Neglect Information, 2005). Moreover, evidence suggests that approximately 21% will experience subsequent maltreatment. Infants and toddlers also constitute one of the fastest growing maltreated groups in Child Welfare Services.

The goal of this paper is to describe the most common problems that maltreated infants and toddlers experience and to highlight the benefits of early interventions for this population. In so doing, child welfare personnel and policymakers who are responsible for assessing, referring, and advocating for maltreated children can make more informed decisions. For the sake of clarity, the paper is divided into two parts—Part 1: Developmental Problems of Maltreated Children and Part 2: Early Intervention Options for Maltreated Children."]

Full text at: http://aspe.hhs.gov/hsp/07/Children-CPS/litrev/report.pdf

[Request #S07-103-742]